



Letter to the Editor

Life-threatening Hemobilia in an Elderly Patient[☆]

To the Editor,

Hemobilia is defined as bleeding into the bile ducts because of a fistula between a vessel of the splanchnic circulation and the biliary system. It is a rare condition and clinical diagnosis is challenging.

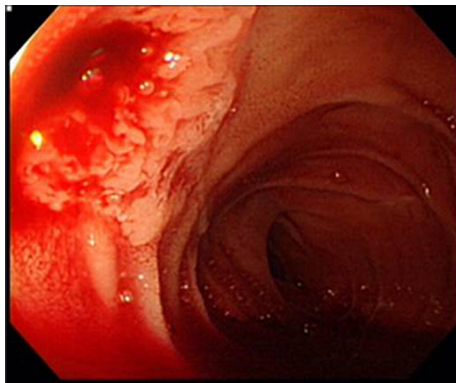


Figure 1. Endoscopy shows fresh blood flowing from the ampulla of Vater.

An 80-year-old male patient admitted to our hospital complained of having tarry stool and dizziness for the previous 24 hours. Two months before, the patient had a history of endoscopic sphincterotomy for choledocholithiasis. One month before this admittance, he had further experienced a gastrointestinal hemorrhage. An esophagogastroduodenoscopy and a colonoscopy revealed no active bleeding. A small bowel series showed a diverticulum at the second portion of the duodenum. Bleeding subsided after 2 days of conservative treatment with intravenous fluids and proton-pump inhibitors.

At the emergency room, pale conjunctivae and epigastric tenderness were noted. An emergent esophagogastroduodenoscopy revealed fresh blood with blood clot retention in the stomach and duodenum. Massive bloody stool was accompanied by hypovolemic shock on the 3rd hospital day. At this point, the esophagogastroduodenoscopy showed fresh bleeding from the ampulla of Vater (Figure 1). Emergent angiography showed extravasation of the contrast medium flowing into the common bile duct via the right hepatic artery (Figure 2A). A postembolization angiogram showed successful embolization (Figure 2B).

The clinical triad of hemobilia comprises abdominal pain, jaundice, and melena¹. Bleeding after endoscopic sphincterotomy is one of the most common causes of hemobilia. Most postsphincterotomy



Figure 2. (A) Angiography shows extravasation of the contrast medium into the common bile duct via right hepatic artery. (B) The angiography shows successful embolization with three microcoils.

[☆] Conflicts of interest: All contributing authors declare that they have no conflicts of interest.

bleedings cease spontaneously, but delayed bleeding may occur 1–10 days after sphincterotomy².

Our patient presented with recurrent gastrointestinal bleeding 1 month after sphincterotomy. The source of the bleeding was identified as the right hepatic artery, and chronic cholangitis, which involved the collateral hepatic artery, resulted in hemobilia. In elderly patients, the typical symptoms of cholangitis are obscure, which result in delayed diagnosis and worsened outcomes³. Transarterial embolization is the first line of intervention for treating hemobilia^{1,4}.

Cholangitis is a common disease in the elderly but it may cause life-threatening hemobilia. Repeat endoscopy or angiography aids the diagnosis of hemobilia presenting with recurrent gastrointestinal hemorrhage.

Acknowledgments

We would like to thank the patient for his consent to publish the data.

References

1. Green MH, Duell RM, Johnson CD, et al. Hemobilia. *Br J Surg*. 2001;88:773–786.

2. Ferreira LE, Baron TH. Post-sphincterotomy bleeding: who, what, when, and how. *Am J Gastroenterol*. 2007;102:2850–2858.
3. Lygidakis NJ, Okazaki M, Damtsios G. Iatrogenic hemobilia: how to approach it. *Hepatogastroenterol*. 1991;38:454–457.
4. Minoru T, Fuminobu S, Takao S, et al. Acute cholangitis in elderly patients exploring diagnostic clues and clinical signs. *J Gastroenterol Hepatol Res*. 2012;1:223–225.

Wei-Chen Lin*, Li-Rung Shyung, Horng-Yuan Wang
Division of Gastroenterology, Department of Internal Medicine,
Mackay Memorial Hospital, Taipei, Taiwan
Mackay Medicine, Nursing and Management College, Mackay
Memorial Hospital, Taipei, Taiwan

* Correspondence to: Dr Wei-Chen Lin, Division of
Gastroenterology, Department of Internal Medicine, Mackay
Memorial Hospital, Number 92, Section 2, Chung-Shan North Road,
Taipei, Taiwan.
E-mail address: b8801040@gmail.com (W.-C. Lin).

29 October 2014
Available online 21 November 2015